

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants : Kevin Lloyd Grimes et al.  
Serial No. : 10/056,914  
Filed : January 25, 2002  
Title : METHOD AND SYSTEM FOR MAINTAINING EVEN TUBE  
BURN-IN  
Examiner : Brian P. Yenke  
Art Unit : 2614

**AMENDMENT AND RESPONSE**

**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**

Sir:

In response to the Office Action of May 9, 2006, for which a shortened statutory period of three months for response ending August 9, 2006 was provided and for which pursuant to 37 CFR 1.136(a), a two-month extension, ending October 9, 2006 is hereby requested, the following amendments and comments are submitted and reconsideration of the claim rejections is respectfully requested.

Please charge the required fee of four hundred and fifty dollars (\$450.00) for extending the time for a response within the second month after the original response date, pursuant to 37 CFR 1.17(b) to Deposit Account 07-0832.

As certified in a certificate of mailing included on the signature page of this document pursuant to 37 CFR §1.8, the present response is being mailed on September 20, 2006 and, therefore, it is respectfully submitted that this response is timely.

Please enter the remarks as follows:

**Listing of the Claims** begin on page 2 of this paper.

**Remarks** begin on page 7 of this paper.

*O I P E*  
*SEP 25 2006*  
*PATENT & TRADEMARK OFFICE*

**Effective on 12/08/2004.**  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FEE TRANSMITTAL**

## **for FY 2006**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 450.00)

<b>Complete if Known</b>	
Application Number	10/056,914
Filing Date	01/25/2002
First Named Inventor	Kevin Lloyd Grimes
Examiner Name	Brian P. Yenke
Art Unit	2614
Attorney Docket No.	PU020028

**METHOD OF PAYMENT (check all that apply)**

Check  Credit card  Money Order

None

Other (please identify): \_\_\_\_\_

Customer Number 24498

Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below

Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>	
	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES**

**Fee Description**

**Small Entity**

**Fee (\$)** **Fee (\$)**

Each claim over 20 (including Reissues)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

**Total Claims**

**Extra Claims**

**Fee (\$)**

**Fee Paid (\$)**

**Multiple Dependent Claims**

**Fee (\$)** **Fee Paid (\$)**

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Independent Claims**

**Extra Claims**

**Fee (\$)**

**Fee Paid (\$)**

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Amendment (Extension for response within second month)

**Fees Paid (\$)**

\$450.00

Total Fees

\$450.00

**SUBMITTED BY**

Name (Print/Type)	Michael A. Pugel	Registration No. (Attorney/Agent)	57,368	Telephone	317-587-4027
Signature	<i>Michael A. Pugel</i>		Date	Sept 20, 2006	